

Florida Corporate Income/Franchise and Emergency Excise Tax Return

F-1120
R. 01/02
PAGE 1

Name
Address
City/State/ZIP

☐ Check here if any changes have been made to name or address

☐ Check here if you do not want DOR to send you a form next year. (*see back of payment coupon)

DOR use only ☐☐ / ☐☐ / ☐☐

Use black ink. Example A - Handwritten Example B - Typed

0123456789

0123456789

FEIN

For calendar year 2001 or tax year beginning _____, 2001
ending _____
Year end date _____

Computation of Florida Net Income and Emergency Excise Tax

		US Dollars	Cents
1. Federal taxable income (see instructions). Attach pages 1-4 of federal return	Check here if negative <input type="checkbox"/>	1. <input type="text"/>	<input type="text"/>
2. State income taxes deducted in computing federal taxable income (attach schedule)	Check here if negative <input type="checkbox"/>	2. <input type="text"/>	<input type="text"/>
3. Additions to federal taxable income (from Schedule I)	Check here if negative <input type="checkbox"/>	3. <input type="text"/>	<input type="text"/>
4. Total of Lines 1 through 3.	Check here if negative <input type="checkbox"/>	4. <input type="text"/>	<input type="text"/>
5. Subtractions from federal taxable income (from Schedule II)	Check here if negative <input type="checkbox"/>	5. <input type="text"/>	<input type="text"/>
6. Adjusted federal income (Line 4 minus Line 5)	Check here if negative <input type="checkbox"/>	6. <input type="text"/>	<input type="text"/>
7. Florida portion of adjusted federal income (see instructions)	Check here if negative <input type="checkbox"/>	7. <input type="text"/>	<input type="text"/>
8. Nonbusiness income allocated to Florida (see instructions)	Check here if negative <input type="checkbox"/>	8. <input type="text"/>	<input type="text"/>
9. Florida exemption		9. <input type="text"/>	<input type="text"/>
10. Florida net income (Line 7 plus Line 8 minus Line 9)		10. <input type="text"/>	<input type="text"/>
11. Tax due: 5.5% of Line 10 or amount from Schedule VI, Line 11, whichever is greater (see instructions for Schedule VI).		11. <input type="text"/>	<input type="text"/>
12. Credits against the tax (from Schedule V, Line 16)		12. <input type="text"/>	<input type="text"/>
13. Emergency excise tax due (from Schedule A, Line 20)		13. <input type="text"/>	<input type="text"/>
14. Total corporate income/franchise and emergency excise tax due (see instructions).		14. <input type="text"/>	<input type="text"/>
15. a) Penalty: F-2220 _____ b) Other _____ c) Interest: F-2220 _____ d) Other _____		15. <input type="text"/>	<input type="text"/>
		Line 15 Total ➤	

Payment Coupon

Do Not Detach

F-1120P
R. 01/02

To ensure proper credit to your account, attach your check to this payment coupon and mail with tax return.

YEAR ENDING

M

M

D

D

Y

Y

Return is due 1st day of the 4th month after close of the taxable year

Check here if you transmitted funds electronically ☐

Enter name and address, if not pre-addressed:

	US DOLLARS	CENTS
Total amount due from Line 18	<input type="text"/>	<input type="text"/>
Total credit from Line 19	<input type="text"/>	<input type="text"/>
Total refund from Line 20	<input type="text"/>	<input type="text"/>
FEIN Enter FEIN if not pre-addressed	<input type="text"/>	<input type="text"/>

Name
Address
City/St/ZIP



Warning: This return is considered incomplete unless a copy of the federal return is attached.

A return that is not signed, or improperly signed and verified, will be subject to a penalty. The statute of limitations period will not start until the return is properly signed and verified. This return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign here	Signature of officer (Must be an original signature.)	Date	Title
Paid preparers only	Preparer's signature	Date	Preparer check if self-employed <input type="checkbox"/> Preparer's social security number or PTIN number <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100px;"></div> </div>
	Firm's name (or yours if self-employed) and address	FEIN	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100px;"></div> </div>
		ZIP	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100px;"></div> </div>

A. State of incorporation: _____

B. Florida Secretary of State document number: _____

C. Florida consolidated return? **YES** ☐ **NO** ☐

D. ☐ Initial return ☐ Final return (final federal return filed)

E. Taxpayer election s. 220.03(5), F.S. ☐ General Rule ☐ Election A ☐ Election B

F. Principal Business Activity Code (as pertains to Florida)

G. A Florida extension of time was timely filed? **YES** ☐ **NO** ☐ If yes, attach copy of Florida Form F-7004.

H-1. Corporation is a member of a controlled group? **YES** ☐ **NO** ☐ If yes, attach list.

Parent Corp.: _____ FEIN: _____

H-2. Part of a federal consolidated return? **YES** ☐ **NO** ☐

H-3. The federal common parent has sales, property or payroll in Florida? **YES** ☐ **NO** ☐

H-4. Corporation is a qualified subchapter S subsidiary? **YES** ☐ **NO** ☐

If yes, attach a schedule identifying S corporation parent and the effective date of the election.

I. Location of corporate books: _____

J. Taxpayer is a member of a Florida partnership or joint venture? **YES** ☐ **NO** ☐

K. Intangible tax notice: ☐

L. Contact person and telephone for questions concerning this return: _____
_____ (_____) _____

M. Type of federal return filed ☐ 1120, ☐ 1120A, ☐ 1120S, or _____

- * Do you want a personalized package?**
If you prefer to use Department approved software to generate returns and do not want us to send you a forms package next year, check the box in the upper right-hand corner of Page 1.
- Note:** Even if you check the box indicating that you **do not** want a package, you still may receive one last package next year as we capture and phase in your request.

Make check payable to and send with return to:
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE STREET
TALLAHASSEE FL 32399-0135

If you are requesting a **refund** (Line 20), send your return to:
FLORIDA DEPARTMENT OF REVENUE
PO BOX 6440
TALLAHASSEE FL 32314-6440



NAME _____ FEIN _____ TAXABLE YEAR ENDING _____

Schedule A — Computation of Emergency Excise Tax (for assets placed in service 1/1/81 to 12/31/86)

1. Total depreciation expense deducted on federal Form 1120	1.	
2. Florida portion of adjusted federal income from F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions)	2.	
3. Loss carry forward	3.	
4. Subtract Line 3 from Line 2 and enter here Note: If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown	4.	
5. Depreciation deducted pursuant to I.R.C. s. 168 for assets placed in service 1/1/81 to 12/31/86	5.	
6. Straight-line depreciation deducted pursuant to I.R.C. s. 168(b)(3) and 60% of amounts of depreciation previously taxed on Schedule VI (for assets placed in service 1/1/81 to 12/31/86)	6.	
7. All depreciation deducted pursuant to I.R.C. s. 168 directly related to any amount shown as nonbusiness income	7.	
8. Subtract the sum of Line 6 and 7 from the amount on Line 5 and enter result here	8.	
9. Multiply Line 8 by .40 (40%) and enter here	9.	
10. Florida apportionment fraction shown in Schedule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0)	10.	
11. Multiply Line 9 by Line 10 and enter here	11.	
12. Determine the amount of depreciation deducted pursuant to I.R.C. s. 168 [except pursuant to s. 168(b)(3)] used in computing nonbusiness income allocated to Florida, multiply the amount by .40 (40%), and enter here	12.	
13. Add Lines 11 and 12 and enter here	13.	
14. Loss shown on Line 4. Note: If Line 4 does not show a loss, enter 0	14.	
15. The portion of the exemption provided in s. 220.14, Florida Statutes, not used for Chapter 220 purposes, if any. If none, enter 0	15.	
16. Subtract the sum of Lines 14 and 15 from the amount on Line 13 and enter result here	16.	
17. Multiply Line 16 by 2.5 (not 2.5 %) and enter here. Note: If Line 16 shows a loss, enter 0	17.	
18. Total tax due (2.2% of Line 17)	18.	
19. (a) Emergency excise tax credit: (b) Emergency excise tax credit carryover: (attach schedule) Total ►	19.	
20. Balance of tax due (enter on Page 1, Line 13)	20.	

Schedule I — Additions and/or Adjustments to Federal Taxable Income

		Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.		
2. Undistributed net long-term capital gains (see instructions)	2.		
3. Net operating loss, net capital loss, and excess charitable and employee benefit plan contribution carryovers deducted in computing federal taxable income (attach schedule)	3.		
4. Wages and salaries allowable as enterprise zone jobs credit (Form F-1157Z)	4.		
5. Ad valorem taxes allowable as enterprise zone property tax credit (Form F-1158Z and/or Form F-1158)	5.		
6. Guaranty association assessment(s) credit	6.		
7. Rural and/or urban high crime area job tax credits	7.		
8. State housing tax credit	8.		
9. Other additions (attach statement)	9.		
10. Total Lines 1 through 9 in Columns a and b. Enter totals for each column on Line 10. Column a total is also entered on Page 1, Line 3 (of the F-1120 return). Column b total is also entered on Schedule VI, Line 3.	10.		



NAME _____ FEIN _____ TAXABLE YEAR ENDING _____

Schedule II — Subtractions from Federal Taxable Income		Column (a) For page 1	Column (b) For Schedule VI, AMT
1. (a) Enter s. 78 I.R.C. income \$ _____ (b) plus s. 862 I.R.C. dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ► 1.			
2. (a) Enter s. 951 I.R.C. subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ► 2.			
Note: Taxpayers doing business both within and without Florida enter zero on Lines 3, 4, and 5 and complete Line 4 of Schedule IV.			
3. Florida net operating loss carryover deduction (see instructions) 3.			
4. Florida net capital loss carryover deduction (see instructions) 4.			
5. Florida excess charitable and/or employee benefit plan contribution carryover (see instructions) 5.			
6. Nonbusiness income (from Schedule R, Line 3) 6.			
7. Eligible net income of an international banking facility (see instructions) 7.			
8. Other subtractions (attach statement) 8.			
9. Total Lines 1 through 8 in Columns a and b. Enter totals for each column on Line 9. Column a total is also entered on Page 1, Line 5 (of the F-1120 return). Column b total is also entered on Schedule VI, Line 5. 9.			

Schedule III — Apportionment of Adjusted Federal Income					
III-A For use by taxpayers doing business both within and without Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimals	(d) Weight If any factor in Column (b) is zero, see note on Page 12 of the instructions.	(e) Weighted Factors Rounded to Six Decimals
1. Average value of property				X 25% or _____ =	
2. Payroll				X 25% or _____ =	
3. Sales (Schedule III-C below)				X 50% or _____ =	
4. Apportionment fraction [Sum of Lines 1, 2, and 3, Column (e)]. Enter here and on Schedule IV, Line 2.					
III-B For use in computing average value of property. (Use original cost)	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	a. Beginning of year	b. End of year	
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property [add Line 5, Columns (a) and (b) and divide by 2 (for within Florida and total everywhere)] _____					
7. Rented property (8 times net annual rent) _____					
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Column (a) and (b) Average Florida Average Everywhere					
III-C Sales Factor			TOTAL WITHIN FLORIDA (Omit cents)	TOTAL EVERYWHERE (Omit cents)	
1. Sales (gross receipts) 1.					
2. Sales delivered or shipped to Florida purchasers 2.					
3. Other gross receipts (rents, royalties, interest, etc. when applicable) 3.					
4. TOTAL SALES [Enter on Schedule III-A, Line 3, Columns (a) and (b)] 4.					
III-D Special Apportionment Fractions (see instructions)		(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction [(a) ÷ (b)] Rounded to Six Decimals	
1. Insurance companies (attach copy of Schedule T—Annual Report)					
2. Transportation services					



NAME _____ FEIN _____ TAXABLE YEAR ENDING _____

Schedule IV — Computation of Florida Portion of Adjusted Federal Income

	(a) ADJUSTED FEDERAL INCOME	(b) ADJUSTED AMT INCOME
1. Apportionable adjusted federal income from Page 1, Line 6 [or Line 6, Schedule VI for AMT in Col. (b)]	1.	1.
2. Florida apportionment fraction [Schedule III-A, Line 4 or Schedule III-D, Column (c)]	2.	2.
3. Tentative apportionment adjusted federal income (multiply Line 1 by Line 2)	3.	3.
4. Net operating loss and/or other carryover apportioned to Florida (attach statement; see instructions)	4.	4.
5. Adjusted federal income apportioned to Florida (Line 3 less Line 4; see instructions)	5.	5.

Schedule V — Credits Against the Corporate Income/Franchise Tax

1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Form F-1157Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Form F-1158Z and/or Form F-1158 attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. Child care tax credits (attach certification letter)	12.
13. State housing tax credit (attach certification letter)	13.
14. Credit carryover from recomputed prior tax liabilities	14.
15. Other credits (attach schedule)	15.
16. Total credits against the tax (sum of Lines 1 through 15 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	16.

Schedule VI — Computation of Florida Alternative Minimum Tax (AMT)

1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.
3. Additions to federal taxable income [from Schedule I, Column (b)]	3.
4. Total of Lines 1 through 3	4.
5. Subtractions from federal taxable income [from Schedule II, Column (b)]	5.
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.
7. Florida portion of adjusted federal income (see instructions)	7.
8. Nonbusiness income allocated to Florida (see instructions)	8.
9. Florida exemption	9.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.



NAME _____ FEIN _____ TAXABLE YEAR ENDING _____

Schedule R — Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

Type	Amount
_____	_____
_____	_____
_____	_____
Total allocated to Florida	1. _____
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

Line 2. Nonbusiness income (loss) allocated elsewhere

Type	State/country allocated to	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Line 2. Total allocated elsewhere 2. _____

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2 3. _____
(Enter here and on Schedule II, Line 6)

Estimated Tax Worksheet For Taxable Years Beginning On or After January 1, 2002

- | | |
|--|-------------|
| 1. Florida income expected in taxable year | 1. \$ _____ |
| 2. Florida exemption \$5,000 (Members of a controlled group, see instructions) | 2. \$ _____ |
| 3. Estimated Florida net income (Line 1 less Line 2) | 3. \$ _____ |
| 4. Total Estimated Florida tax (5.5% of Line 3)* | \$ _____ |
| Less: Credits against the tax | \$ _____ |
| 5. Estimated emergency excise tax | 5. \$ _____ |
| 6. Total corporate and emergency excise tax (Line 4 plus Line 5) | 6. \$ _____ |
- If Line 6 is more than \$2,500, file installment as computed on Line 7; if \$2,500 or less, no declaration (Form F-1120ES) is required.

7. Computation of installments:

Payment due dates and	1 st day of 5 th month - Enter 0.25 of Line 6	7a. _____
payment amounts:	1 st day of 7 th month - Enter 0.25 of Line 6	7b. _____
	1 st day of 10 th month - Enter 0.25 of Line 6	7c. _____
	1 st day after close of fiscal year - Enter 0.25 of Line 6	7d. _____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Form F-1120ES).

- | | |
|--|----------------|
| 1. Amended estimated tax. Enter here and in Item 1 of the appropriate installment | 1. \$ _____ |
| 2. Less: | |
| (a) Amount of overpayment from last year elected for credit to estimated tax and applied to date | 2a. — \$ _____ |
| (b) Payments made on estimated tax declaration (F-1120ES) ... | 2b. — \$ _____ |
| (c) Total of Lines 2(a) and 2(b) | 2c. \$ _____ |
| 3. Unpaid balance (Line 1 less Line 2(c)) | 3. \$ _____ |
| 4. Amount to be paid (Line 3 divided by number of remaining installments) | 4. \$ _____ |

Florida Tentative Income / Franchise and/or Emergency Excise Tax
Return and Application for Extension of Time to File Return

F-7004
R. 01/02

You must write
within the boxes.

(example)

0 1 2 3 4 5 6 7 8 9

If typing, type
through the boxes.

(example)

0 1 2 3 4 5 6 7 8 9

Write your numbers as shown and enter one number per box.

Name
Address
City/St/ZIP

F-7004

FEIN

Taxable year end:

M M D D Y Y

Corporation Partnership

FILING STATUS
(Mark "X" in
one box only)

US DOLLARS

CENTS

Tentative tax due
(See reverse side)

Under penalties of perjury, I declare that I have been authorized by the
above-named taxpayer to make this application, and that to the best of
my knowledge and belief the statements herein are true and correct:

Sign
here: _____ Date: _____

Check here if you transmitted
funds electronically

☐

9000 0 99999999 0002005030 1 3000000000 0000 9

Change of Address or Business Name

Complete this form, sign it, and mail it
to the Department if:

- The address below is not correct.
- The business location changes.
- The corporation name changes.

Mail to:

FLORIDA DEPARTMENT OF
REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0100

CHANGE
IN

New
Location
Address

FEIN of entity

Business location

City State ZIP

Business telephone () County

In care of

New
Mailing
Address

Mailing address

City State ZIP

Owner's telephone () County

New
Business
Name

DBA

New
Corporation
Name

Signature of Officer (Required)

Date

F-1120

9000 0 99999999 0002999999 9 3000000000 0000 9

Declaration/Installment of Florida Estimated Income/Franchise and/or
Emergency Excise Tax for Taxable Year Beginning on or After January 1, 2002

F-1120ES
R. 01/02

You must write within the boxes.

(example)

0 1 2 3 4 5 6 7 8 9

Write your numbers as shown and enter one number per box.

If typing, type through the boxes.

(example)

0 1 2 3 4 5 6 7 8 9

Name
Address
City/St/ZIP

F-1120ES

FEIN

Taxable
year end

M M D D Y Y

Estimated tax payment

(See reverse side)

US DOLLARS

CENTS

Office use
only

M M D D Y Y

Check here if you transmitted
funds electronically

☐

9000 0 99999999 0002005033 8 3000000000 0000 9

Information for Filing Form F-7004

F-7004
R. 01/02

When to file — File this application on or before the original due date of the taxpayer's corporate income tax or partnership return.

Penalties for failure to pay tax — If a payment of tax is required with this application, failure to make such payment will void any extension of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for a late-filed return when no tax is due.

Signature — Form F-7004 must be signed by a person authorized by the taxpayer to do so, and who is either (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service, or (c) an attorney or C.P.A. qualified to practice before the IRS under P.L. 89-332.

- A.** Has Form 7004 or 8736 been filed with the Internal Revenue Service for the taxable year? ☐ Yes ☐ No
If the answer is "Yes," attach a copy of Form 7004 or 8736 when the F-1120 or F-1065 is filed. If the answer is "No," complete Item B.

- B.** If applicable, state in detail the reason the extension is needed:

- C.** Type of federal return filed: _____

Contact person for questions _____

Telephone number (_____) _____

Six Month Extension of Time Request	Florida Income/Franchise Emergency Excise Tax Due
1. Tentative amount of Florida tax for the taxable year	1.
2. LESS: Estimated tax payments for the taxable year	2.
3. Balance due —100% of the tax tentatively determined due must be paid with this extension request	3.

Transfer the amount in Line 3 to **Tentative tax due** on reverse side.

Closing or Sale of Business or Change of Legal Entity

☐ The legal entity changed on ____/____/____. **If you change your legal entity and are continuing to do business in Florida and the corporation is registered for Sales and Use Tax, you must complete a new *Application to Collect and Report Tax in Florida (Form DR-1)*.**

☐ The business was closed permanently on ____/____/____. (The Department will remove your corporate income tax and corporate intangible tax obligation as of this date.)

Are you a corporation/partnership required to file sales and use tax returns? ☐ Yes ☐ No

FEIN -**Sales and Use Tax Certificate Number** ----

☐ The business was sold on ____/____/____. The new owner information is:

Name of new owner: _____ Telephone number of new owner: (_____) _____

Mailing address of new owner: _____

City: _____ County: _____ State: _____ ZIP: _____

► Signature of officer (**Required**) _____ Date _____ Telephone number (_____) _____

Information for Filing Form F-1120ES

F-1120ES
R. 01/02

- 1. Who must make estimated tax payments** — Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220 and/or Chapter 221, Florida Statutes, must make a declaration of estimated tax for the taxable year if the amount of income tax liability and the amount of emergency excise tax liability for the year is expected to be more than \$2,500.

- 2. Due Date** — Generally, estimated tax must be paid on or before the 1st day of the 5th, 7th, and 10th month of the taxable year and the 1st day of the 1st month of the following taxable year; 25 percent of the estimated tax must be paid with each installment.

- 3. Amended Declaration** — To prepare an amended declaration, write "Amended" on Florida Form F-1120ES and complete Lines 1 through 3 of the appropriate installment. An amendment may be filed during any interval between installment dates prescribed for the taxable year. Any increase in the estimated tax must be timely paid.

- 4. Interest and Penalties** — Failure to comply with the law with respect to the filing of a declaration or the payment of an estimated tax will result in the assessment of interest and penalties.

Contact person for questions _____

Phone number (_____) _____

Estimated Tax Payment	Combined Income/Franchise and Emergency Excise Tax
1. Amount of this installment	1.
2. Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.
3. Amount of this payment (Line 1 minus Line 2)	3.

Transfer the amount in Line 3 to **Estimated tax payment** box on front.

**Declaration/Installment of Florida Estimated Income/Franchise and/or
Emergency Excise Tax for Taxable Year Beginning on or After January 1, 2002**

Installment # _____

You must write within the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Write your numbers as shown and enter one number per box.

If typing, type through the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Name
Address
City/St/ZIP

F-1120ES

FEIN

Taxable
year end

M	M	D	D	Y	Y
---	---	---	---	---	---

Estimated tax payment

(See reverse side)

US DOLLARS

--	--	--	--	--	--

 CENTS

--	--

Office use
only

M	M	D	D	Y	Y
---	---	---	---	---	---

Check here if you transmitted
funds electronically ☐

Make checks payable and mail to:
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0135

9000 0 99999999 0002005033 & 3000000000 0000 9

**Declaration/Installment of Florida Estimated Income/Franchise and/or
Emergency Excise Tax for Taxable Year Beginning on or After January 1, 2002**

Installment # _____

You must write within the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Write your numbers as shown and enter one number per box.

If typing, type through the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Name
Address
City/St/ZIP

F-1120ES

FEIN

Taxable
year end

M	M	D	D	Y	Y
---	---	---	---	---	---

Estimated tax payment

(See reverse side)

US DOLLARS

--	--	--	--	--	--

 CENTS

--	--

Office use
only

M	M	D	D	Y	Y
---	---	---	---	---	---

Check here if you transmitted
funds electronically ☐

Make checks payable and mail to:
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0135

9000 0 99999999 0002005033 & 3000000000 0000 9

**Declaration/Installment of Florida Estimated Income/Franchise and/or
Emergency Excise Tax for Taxable Year Beginning on or After January 1, 2002**

Installment # _____

You must write within the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Write your numbers as shown and enter one number per box.

If typing, type through the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Name
Address
City/St/ZIP

F-1120ES

FEIN

Taxable
year end

M	M	D	D	Y	Y
---	---	---	---	---	---

Estimated tax payment

(See reverse side)

US DOLLARS

--	--	--	--	--	--

 CENTS

--	--

Office use
only

M	M	D	D	Y	Y
---	---	---	---	---	---

Check here if you transmitted
funds electronically ☐

Make checks payable and mail to:
FLORIDA DEPARTMENT OF REVENUE
5050 W TENNESSEE ST
TALLAHASSEE FL 32399-0135

9000 0 99999999 0002005033 & 3000000000 0000 9

Information for Filing Form F-1120ES

F-1120ES
R. 01/02

- 1. Who must make estimated tax payments** — Every domestic or foreign corporation or other entity subject to taxation under the provisions of Chapter 220 and/or Chapter 221, Florida Statutes, must make a declaration of estimated tax for the taxable year if the amount of income tax liability and the amount of emergency excise tax liability for the year is expected to be more than \$2,500.
- 2. Due Date** — Generally, estimated tax must be paid on or before the 1st day of the 5th, 7th, and 10th month of the taxable year and the 1st day of the 1st month of the following taxable year; 25 percent of the estimated tax must be paid with each installment.
- 3. Amended Declaration** — To prepare an amended declaration, write "Amended" on Florida Form F-1120ES and complete Lines 1 through 3 of the appropriate installment. An amendment may be filed during any interval between installment dates prescribed for the taxable year. Any increase in the estimated tax must be timely paid.

- 4. Interest and Penalties** — Failure to comply with the law with respect to the filing of a declaration or the payment of an estimated tax will result in the assessment of interest and penalties.

Contact person for questions _____

Telephone number (_____) _____

Estimated Tax Payment	Combined Income/Franchise and Emergency Excise Tax
1. Amount of this installment	1.
2. Amount of overpayment from last year for credit to estimated tax and applied to this installment	2.
3. Amount of this payment (Line 1 minus Line 2)	3.

Transfer the amount in Line 3 to **Estimated tax payment** box on front.

Information for Filing Form F-1120ES

F-1120ES
R. 01/02

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